


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000004057					
1. Entity Name QVC ST. LUCIE, INC.					
Principal Place of Business <input type="checkbox"/>			Mailing Address		
300 NW PEACOCK BLVD PORT SAINT LUCIE FL 34986			1200 WILSON DRIVE WEST CHESTER PA 19380		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
4. FEI Number 23-2988393 <input type="checkbox"/> Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000288200 04/04/05-80099-012 150.00	
NAME	GRABELL, NEAL S	NAME			
STREET ADDRESS	1200 WILSON DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER PA 19380	CITY-ST-ZIP			
TITLE	SVPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOR, GLEN M	NAME			
STREET ADDRESS	STUDIO PARK	STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER PA 19380	CITY-ST-ZIP			
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNTER, JOHN	NAME			
STREET ADDRESS	STUDIO PARK	STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER PA 19380	CITY-ST-ZIP			
TITLE	EVPO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOWNS, THOMAS	NAME			
STREET ADDRESS	STUDIO PARK	STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER PA 19380	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRIGGS, DOUGLAS S	NAME			
STREET ADDRESS	STUDIO PARK	STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER PA 19380	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  GLENN M. THOR 3-28-05 484-701-8223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 SVP / TALLAHASSEE